

2700 INTERNAL TRANSFER REQUEST FOR S.N.

09/918,129

DATE: <u>12/12/01</u>	FROM: <u>MD Banks- Harold</u>	(print name)
FORWARD TO:		REASON(S):
A. Art Unit: <u>2661</u>	A. You had Parent	
B. Class: <u>320</u>	B. See Title	
C Subclass: <u></u>	C. See Abstract	
	D. See Claim(s):	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

FURTHER EXPLANATION IF NEEDED:

Claims drawn to block length (symbol) selection

DATE: <u>12/17/01</u>	FROM: <u></u>	(print name)
FORWARD TO:		REASON(S):
A. Art Unit: <u>2631</u>	A. You had Parent	
B. Class: <u>375</u>	B. See Title	
C Subclass: <u></u>	C. See Abstract	
	D. See Claim(s):	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

FURTHER EXPLANATION IF NEEDED:

The claim .. is directed to transmitting encoded signal across the channel with noise & fading

DATE: <u></u>	FROM: <u></u>	(print name)
FORWARD TO CLASSIFIER		REASON(S):
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D. See Claim(s):		

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: <u></u>	CLASSIFIER: <u></u>	
FORWARD TO:		REASON(S):
A. Art Unit: <u></u>	A. You had Parent	
B. Class: <u></u>	B. See Title	
C Subclass: <u></u>	C. See Abstract	
	D. See Claim(s):	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

FURTHER EXPLANATION IF NEEDED: